



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock t Number	06878.114001
First Named Inventor	Yi Tso, et al
COMPLETE IF KNOWN	
Application Number	10 / 615,250
Filing Date	July 8, 2003
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR PROVIDING PRINCIPAL PROTECTION
EXPOSURE TO EQUITY MARKETS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) July 8, 2003 as United States Application Number or PCT International

Application Number 10/615,250 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.


I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

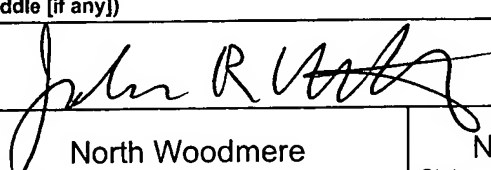
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	32361	OR	<input type="checkbox"/>	Correspondence address below	
Name							
Address							
City				State		ZIP	
Country			Telephone			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Yi				Tso			
Inventor's Signature						Date	
						July 16, 2003	
Residence: City		Jersey City		State		NJ	
Country		US		Citizenship		US	
Mailing Address							
45 River Drive So., No. 1812							
City		Jersey City		State		NJ	
ZIP		07310		Country		US	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Vitha			
Inventor's Signature						Date	
Residence: City		North Woodmere		State		NY	
Country		US		Citizenship		US	
Mailing Address							
1075 Duston Road							
City		North Woodmere		State		NY	
ZIP		11581		Country		US	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Yi				Tso			
Inventor's Signature						Date	
Residence: City			State		Country		Citizenship
Jersey City			NJ		US		US
Mailing Address 45 River Drive So., No. 1812							
City			State		ZIP		Country
Jersey City			NJ		07310		US
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Vitha			
Inventor's Signature						Date	
						8/12/03	
Residence: City			State		Country		Citizenship
North Woodmere			NY		US		US
Mailing Address 1075 Duston Road							
City			State		ZIP		Country
North Woodmere			NY		11581		US
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Timothy		Bridges	
Inventor's Signature <i>Timothy J. Bridges</i>		Date <i>8/12/03</i>	
Residence: City	Summit	State	NJ
		Country	US
Mailing Address 41 Waldron Avenue			
Mailing Address			
City	Summit	State	NJ
		Zip	07901
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		Millette	
Inventor's Signature			
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Radcliffe J.		Smith	
Inventor's Signature		Date	
Residence: City	North Caldwell	State	NJ
		Country	US
Mailing Address 1 East Greenbrook Road			
Mailing Address			
City	North Caldwell	State	NJ
		Zip	07006
		Country	US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet <div style="float: right; text-align: right;"> 3 4 Page ----- of ----- </div>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Timothy		Bridges	
Inventor's Signature		Date	
Residence: City Summit	State NJ	Country US	Citizenship US
Mailing Address 41 Waldron Avenue			
Mailing Address			
City Summit	State NJ	Zip 07901	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		Millette	
Inventor's Signature <i>Michael Millette</i>		8/12/03	
Residence: City Larchmont	State NY	Country USA	Citizenship USA
Mailing Address 32 Maple Hill Drive			
Mailing Address			
City Larchmont	State NY	Zip 10538	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Radcliffe J.		Smith	
Inventor's Signature		Date	
Residence: City North Caldwell	State NJ	Country US	Citizenship US
Mailing Address 1 East Greenbrook Road			
Mailing Address			
City North Caldwell	State NJ	Zip 07006	Country US

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Mailing Address			
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Inventor's Signature		Date	
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Mailing Address			
Mailing Address			
City		State	
Zip		Country	
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Given Name (first and middle (if any))		Family Name or Surname	
Radcliffe J.		Smith	
Inventor's Signature <i>Radcliffe J. Smith</i>		Date <i>August 7, 2003</i>	
Residence: City	North Caldwell	State	NJ
Country	US	Citizenship	US
Mailing Address 1 East Greenbrook Road			
Mailing Address			
City	North Caldwell	State	NJ
Zip	07006	Country	US

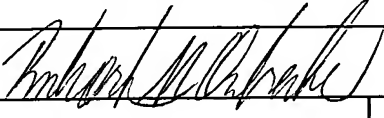
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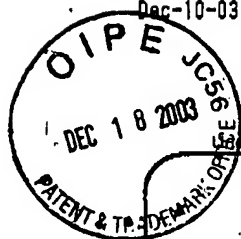
Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Richard		Andrade	
Inventor's Signature 		Date <u>7/23/03</u>	
Residence: City	Holmdel	State	NJ
		Country	US
Mailing Address 2 Rustic Lane			
Mailing Address			
City	Holmdel	State	NJ
		Zip	07733
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
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PTO/SB/81 (08-03)

Approved for use through 11/30/2005. OMB 0651-0035

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/615,250
Filing Date	07/08/2003
First Named Inventor	Yi Tso, et al
Title Method and System for Providing Principal Protection Exposure to Equity...	
Art Unit	3629
Examiner Name	To Be Assigned
Attorney Docket Number	06878.114001

I hereby appoint:

☒ Practitioners at Customer Number:

32,361

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Yi Tso		
Signature			
Date	December 2, 2003	Telephone	212-357-4612

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Michael Millette

Signature

Date

Telephone 212-902-3702

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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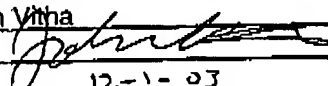
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OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	John Vitha		
Signature			
Date	12-1-03	Telephone	212-902-5757

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Radcliffe J. Smith

Signature *Radcliffe J. Smith*

Date 12/5/03

Telephone 212-402-8992

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Telephone	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Timothy Bridges		
Signature	<i>Timothy Bridges</i>		
Date	12/10/03	Telephone	703/10/03 212-902

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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PTO/SB/81 (08-03)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/615,250
Filing Date	07/08/2003
First Named Inventor	Yi Tso, et al
Title Method and System for Providing Principal Protection Exposure to Equity...	
Art Unit	3629
Examiner Name	To Be Assigned
Attorney Docket Number	06878.114001

I hereby appoint:

☒ Practitioners at Customer Number:

32,361

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Richard Andrade		
Signature	<i>[Signature]</i>		
Date		Telephone	212-357-3311

NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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